

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

000000011261  
HOS, LLC  
911 W. Mowry Dr.  
Homestead, FL 33030

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

BEATRIZ SANTOVENIA  
12533 SW 251 TR  
MIAMI, FL 33030

0000004685230-1

-11/16/01--01051--025

\*\*\*\*150.00 \*\*\*\*150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

Beatriz Santovenia

REGISTERED AGENT MUST SIGN

Date 10-12-01

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/Managers

Street Address of Each  
Managing Member/Manager

City / State / Zip

VP	BEATRIZ SANTOVENIA	12533 SW 251 TR MIAMI, FL 33032	
P	OPHELIA SANTOVENIA	12533 SW 251 TR MIAMI, FL 33032	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

Blanca Santovenia

Date 10-12-01

Daytime Phone #

(305) 246-8040

Typed or printed name of signing Managing Member/Manager

BLANCA SANTOVENIA

CR2E041 (9/01)